

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP () IE () IC	Response Timely Filed? (x) Yes () No
Requestor's Name and Address Metropolitan Methodist Hospital C/O Thompson Coe 701 Brazos, Suite 1500 Austin Centre Austin, Texas 78701	MDR Tracking No.: M4-03-7922-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address University Health System 4502 Medical Drive San Antonio, Texas 78229-4402 Box 28	Date of Injury:
	Employer's Name: University Health System
	Insurance Carrier's No.: W9916377

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
03/04/03	03/18/03	Hospital Admission	\$13,021.84	\$13,021.84

PART III: REQUESTOR'S POSITION SUMMARY

Requestor did not submit a position statement.

PART IV: RESPONDENT'S POSITION SUMMARY

"At issue in this dispute are charges for an inpatient surgery/hospitalization for retired employee. The total Requestor billed charges for the March 3-18, 2003 services was \$96,339.39. Pursuant to the initial Explanation of Benefits, Self-Insured reimbursed the Requestor at a fair and reasonable rate in the recommended amount of \$59,232.70."

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

This dispute relates to inpatient services provided in hospital setting with reimbursement subject to the provisions of Rule 134.401 (Acute Care Inpatient Hospital Fee Guideline). The hospital has requested additional reimbursement according to the stop-loss method contained in that rule. Rule 134.401(c)(6) establishes that the stop-loss method is to be used for "unusually costly services." The explanation that follows this paragraph indicates that in order to determine if "unusually costly services" were provided, the admission must not only exceed \$40,000 in total audited charges, but also involve "unusually extensive services."

After reviewing the information provided by both parties, it does appear that this particular admission involved "unusually extensive services." Accordingly, the stop-loss method does apply and the reimbursement is to be based on the per diem methodology described in the same rule. The requestor indicates in the operative report, that this was a posterior and anterior lumbar fusion. Also the patient was febrile during the first phase of the operation, the anterior portion of the surgery, during which time the surgeon terminated the second portion secondary to increasing temperature and respiratory problems. Finally on the 15th of the month the patient was cleared for the posterior portion of the surgery.

The carrier made reimbursement based on per diem for the 14-day stay in the amount of \$59,232.70. The provider billed the carrier \$96,339.39 for the 14 day-stay and received \$59,232.70 in total reimbursement, leaving \$13,021.84 in dispute.

Using the stop-loss methodology the total allowable WCRA is \$96,339.39.

The carrier has reimbursed the provider \$59,232.70.

Based on the facts of this situation, the parties' positions and the application of the provisions of Rule 134.401(c), we find that the health care provider is entitled to an additional reimbursement for these services equal to \$13,021.84 total allowable WCRA \$96,339.39 x 75% = \$72,254.54 - \$59,232.70 already paid = additional reimbursement of \$13,021.84.

PART VI: COMMISSION DECISION

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to additional reimbursement in the amount of \$13,021.84. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20 days of this Order.

Ordered by:

Authorized Signature

Allen McDonald for Amy Rich

Typed Name

06/15/05

Date of Order

PART VII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on _____. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787 Austin, Texas 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

PART VIII: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____